

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38910**

BIRTH NO. **DEC 8 1953** REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **5542** Registrar's No. **125**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-BonneFemme		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Armstrong	
c. LENGTH OF STAY (In this place) 7 da.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maple Lawn Conv. Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Horace	b. (Middle) Lee	c. (Last) Duren	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15, 1869	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR 2	11. UNDER 100 HOURS 12	12. UNDER 1 MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hardin Duren	13b. MOTHER'S MAIDEN NAME Martha Wolfskill	14. NAME OF HUSBAND OR WIFE Emma Stanley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME W. M. Duren 402 Otto Court	ADDRESS Columbia Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 1 1/2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastasis to back DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 177 X YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 1953**, to **Nov 27, 1953**, that I last saw the deceased alive on **Nov 14, 1953**, and that death occurred at **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Mr. Shaw M.D.	23b. ADDRESS Fayette Mo.	23c. DATE SIGNED 12-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/29/53	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Missouri
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DATE REC'D BY LOCAL REG. Nov. 27, 53	REGISTRAR'S SIGNATURE Mary K. Shell	25. FUNERAL DIRECTOR'S SIGNATURE Joseph A. Cass	ADDRESS Fayette, Mo
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Raysh A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.